

M e m o r a n d u m

Date: March 9, 2010

To: Golden Gate Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Santa Rosa Area

File No.: 360.9763.13920

Subject: CHAPTER 7 INSPECTION

On February 12, 2010, Sergeant R.D. Mota #13920 conducted a Command Level Chapter 7 Inspection of the Santa Rosa Area. All inspected items were noted on the CHP 680T, Checklist for Command Illness and Injury Case Management. The CHP 680A, Exceptions Document was utilized to document five separate findings needing Corrective Action. Additionally, the Santa Rosa Area utilized the 680A to document its Corrective Action Plan and timeframes. Please contact Sergeant Robert Mota or Lt. Eric Rozenoff if you have any further questions.


K. R. YOUNG, Captain
Commander

Safety, Service, and Security

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT
Page 1 of 4

Command: Santa Rosa	Division: Golden Gate	Chapter: 7
Inspected by: Sergeant R.D. Mota #13920		Date: 02/17/2010

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 6.0	<input checked="" type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: Corrective Action <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: GGD 03/31/10 Due Date: 04/01/2010		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

N/A

Command Suggestions for Statewide Improvement:
--

N/A

Inspector's Findings:

Finding # 1: Assignment of Cal-OSHA number to every injury and illness: Four instances of Cal-OSHA number not being assigned.

Finding #2: Signature on 121A: There was one instance of a CHP 121A not being signed by the employee within 24 hours.

Finding #3: Five year record of CHP 121s: The file does not appear to contain all CHP 121s.

Finding #4: Supervisors providing 443s: Very few CHP 443s were located within the CHP 121 file.

Finding #5: Comm-Net to ORM and DRU: Comm-Nets were not sent on all occupational injury or illnesses.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

Concur with all Findings by the Inspection Team....

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Santa Rosa	Division: Golden Gate	Chapter: 7
Inspected by: Sergeant R.D. Mota #13920		Date 02/17/2010

Page 2 of 4

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

N/A

Required Action
Corrective Action Plan/Timeline

ALL CORRECTIVE ACTION PLAN CONTROL MEASURES WILL BE IMPLEMENTED IMMEDIATELY

Finding # 1: Assignment of Cal-OSHA number to every injury and illness: 4 instances of Cal-OSHA number not being assigned.

The Santa Rosa Area concurs with this finding and will correct this issue by implementing several control measures:

It appears that "Record Only" and "First Aid" CHP 121s, where the employee later obtained medical treatment, were not subsequently issued a Cal-OSHA number.

1. Increased Managerial/Supervisory oversight of CHP 121s that are converted from Record Only or First Aid to ensure a Cal-OSHA number is assigned.
2. Managerial/Supervisory Verification and training to ensure that the Santa Rosa Area CHP 121 Clerk is assigning a Cal-OSHA number when CHP 121s are converted from Record Only or First Aid.

Finding #2: Signature on 121A: There was one instance of a CHP 121A not being signed by the employee within 24 hours.

The Santa Rosa Area concurs with this finding and will correct this issue by implementing the following control measure:

1. Increased Managerial/Supervisory oversight of CHP 121s to ensure CHP 121s are signed in the appropriate timeframes.
2. Managers will provide additional training to Supervisors to ensure that CHP 121s are signed in the appropriate timeframes.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Santa Rosa	Division: Golden Gate	Chapter: 7
Inspected by: Sergeant R.D. Mota #13920		Date 02/17/2010

Page 3 of 4

Finding #3: Five year record of CHP 121s: The file does not appear to contain all CHP 121s.

The Santa Rosa Area concurs with this finding and will correct this issue by implementing several control measures:

1. Increased Managerial/Supervisory oversight of CHP 121s to ensure copies of all CHP 121s are maintained for five years.
2. Managerial/Supervisory Verification and training to ensure that the Santa Rosa Area CHP 121 Clerk is maintaining all CHP 121s for five years.

Finding #4: Supervisors providing 443s: Very few CHP 443s were located within the CHP 121 file.

It appears that sergeants are either not providing CHP 443s or medical staff are unwilling to complete the form, preferring to use their own Limited Duty forms.


The Santa Rosa Area concurs with this finding and will correct this issue by implementing several control measures:

1. Increased Managerial/Supervisory oversight of CHP 443s to ensure sergeants are providing them to medical staff. If not provided, managers or supervisors will follow up with medical staff to have the CHP 443 completed.
2. Managers will provide additional training to Supervisors to ensure that CHP 443s are provided and signed by medical staff.

Finding #5: Comm-Net to ORM and DRU: Comm-Nets were not sent on all occupational injury or illnesses.

It appears that "Record Only" and "First Aid" CHP 121s, where the employee later obtained medical treatment, were not subsequently issued a Cal-OSHA number.

1. Increased Managerial/Supervisory oversight of Comm-Nets to ensure they are sent to ORM and DRU when required.
2. Managerial/Supervisory Verification and training to ensure that the Santa Rosa Area CHP 121 Clerk sends out Comm-Nets to ORM and DRU when required.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 3-9-10
---	---	----------------

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 4 of 4

Command: Santa Rosa	Division: Golden Gate	Chapter: 7
Inspected by: Sergeant R.D. Mota #13920		Date 02/17/2010

	INSPECTOR'S SIGNATURE 	DATE 02/17/2010
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 4/13/2010

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

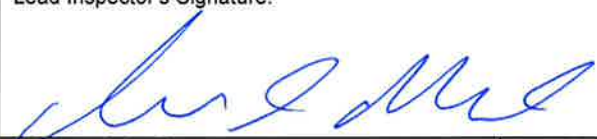
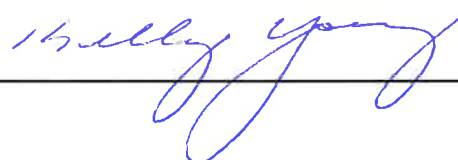
COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

Command Illness and Injury Case Management

Command: Santa Rosa	Division: Golden Gate	Number:
Evaluated by: R. Mota, Sergeant		Date: 02/12/2010
Assisted by:		Date:

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. A "No," "N/A," or any other discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Follow-up Inspection	Commander's Signature: 
For applicable policy, refer to: HPM 10.7		Date: 3-9-10	

Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Has the command posted the required STD e13708, Notice to State Employees, in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Has the command posted a Safety and Health Protection on the job notice in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Has the command posted a Cal-OSHA S-11 notice in a conspicuous place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Has the commander prepared a Commander's Memorandum for distribution to injured employees expressing their desire to assist the employee resume normal duty, outlining departmental policy, and employee rights and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Does the command maintain a current CHP 121D, Injury and Illness Status Report?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Has the command provided required notification via Comm-Net to the appropriate next level of command regarding employees who are off duty as a result of occupational injury or illness for 30 calendar days or more?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Does the command maintain a current OSHA 300?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Is the OSHA 300 log secured due to medical confidentiality and has it been regularly updated based on employee's health status changes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

COMMAND INSPECTION PROGRAM

INSPECTION CHECKLIST

Chapter 7

Command Illness and Injury Case Management

9. Have injury and illnesses been recorded in the OSHA 300 log within six workdays of the specific occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Has a Cal-OSHA number been assigned to every injury and illness which is recorded in the OSHA 300 log?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Some Record Only cases later followed up with medical care, but OSHA number not assigned
11. Has the command forwarded the previous year's OSHA 300 log to their respective Division (January 15 th for Areas, communication centers, inspection facilities, and Academy or February 15 th for Divisions and Headquarters commands)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Was/or is the OSHA 300A (Summary of Work Related Injury and Illnesses) posted in a prominent place from February 1 st of the following year until April 30 th ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Does the command maintain a current five year record of the OSHA 300 log which is current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: File does not appear to contain all recorded injuries
14. Does the command maintain a current five year record of CHP 121s which is current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: File does not appear to contain all CHP 121s
15. Have CHP 121s been completed by a supervisor within 24 hours of the notification of the alleged injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Has the commander or his/her designee signed all CHP 121s within three days of notification of the injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Have all CHP 121s been filed with the State Compensation Insurance Fund (SCIF) within five days of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Have all CHP 121As been completed within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Have all CHP 121As been signed by the affected employee (if possible) within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Sgt. Lewis not completed within 24 hours.
20. Have all CHP 121Bs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Have all CHP 121Cs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

COMMAND INSPECTION PROGRAM

INSPECTION CHECKLIST

Chapter 7

Command Illness and Injury Case Management

22. Have all CHP 442s been updated accordingly within three days of notification of an employee injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Have supervisors (if applicable) provided CHP 443s to the employees' medical care providers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Unable to locate some 443s in 121 file.
24. Have supervisors provided CHP 600s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Have supervisors provided CHP 601s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
26. Have supervisors provided SCIF 3301s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
27. Has the command prepared and posted/distributed the memorandum advising employees of the command's authorized medical providers and/or facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
28. Has the command sent Comm-Net messages to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of the notification of a nondisabling or disabling occupational injury or illness?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Not completed on all injuries.
29. Does the command have copies of approved medical care providers posted for employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
30. Have all employees who voluntarily participated in the Annual Fitness Challenge completed a medical prescreening questionnaire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
31. Has the command provided an Options Letter (if applicable) to an employee who has been medically determined to be permanently precluded from returning to their regular job duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
32. In the event of an employee's serious injury or death, was the appropriate assistant commissioner or designee contacted immediately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
33. In the event of an employee's serious injury or death, were the Division of Occupational Safety and Health (DOSH) and the Office of Risk Management contacted by telephone within eight hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: